



Montgomery County, Maryland
Department of Health & Human Services

*Vision for a
Healthy Future*

2001 Health
Status Report



**Vision for a Healthy Future:
Health Status Report 2001**



**Montgomery County Department
of Health and Human Services**

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Internet Information:

This document and other information about the Department of Health and Human Services are available on the Department's website at:
www.co.mo.md.us/hhs

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Introductions

Montgomery County is a safe and healthy community, with low death rates from many common causes such as heart disease and homicide, and with access to top-notch medical resources, including the National Institutes of Health. However, working together we can do even better.

We can and should assure that new health resources are located where they are needed most, so that all county residents have good access. We also need to reduce financial barriers to the basic preventive and medical services which all residents should have—by encouraging federal and state action to address the growing numbers of uninsured and by strengthening our local safety net system through active partnerships with providers and community organizations. We must address and correct the factors which result in health status disparities between different racial and ethnic groups, so that *all* county residents may enjoy the good health which most of us experience.

We must help county residents remain healthy by providing for them a clean and safe environment—by reducing sources of outdoor and indoor air pollution, by improving pedestrian and traffic safety, and by inspecting and regulating facilities serving the public—restaurants, nursing homes, domiciliary care facilities, day care centers, and others. We must remain vigilant to prevent the spread of communicable diseases, not only traditional infections such as tuberculosis and syphilis, but more recently recognized entities such as HIV/AIDS, Lyme Disease, and the West Nile virus.

My vision is of a Montgomery County in which every baby born has an equal and excellent chance to survive infancy, to live and attend school in a clean environment, to navigate adolescence safely, and to enjoy a healthy and productive adulthood. The efforts of the staff of the Department of Health and Human Services, other county agencies, and their many community partners are helping to make this vision a reality.

*Douglas M. Duncan
County Executive*



The Department of Health and Human Services is proud of the work it does to meet the many and diverse needs of our county's residents in as convenient and seamless a way as possible. We address these needs across the life cycle, starting with programs to support healthy pregnancies and to eliminate the disparity between African American and other infant mortality rates, and continuing through to programs which maximize the safety and quality of life for our senior residents. Major initiatives involve multiple divisions of our department, planning and working together to address issues such as child and family well-being, substance abuse prevention and treatment, access to health care and other services for our low-wage earners, and assuring the health and safety of the community. This annual Health Status Report summarizes the progress we have made in a number of health-related areas.



Charles L. Short, Director

*Department of Health
and Human Services*

Our county is a remarkably healthy one, compared to the state and to the nation as a whole. Common killers such as heart disease and lung cancer take a much smaller toll here than elsewhere—possibly as the result of our high average educational level and a high level of attention to diet, education, and smoking reduction. Nonetheless, real problems remain: low-wage earners often lack insurance coverage and access to expensive but potentially lifesaving pharmaceuticals, and many minority groups suffer disproportionately from conditions such as diabetes and high infant mortality. Working with community organizations and private medical providers, the Department of Health and Human Services is aggressively addressing these issues, with the goal of achieving a high level of health for all county residents.



*Carol W. Garvey, MD, MPH
Health Officer*

The Division of Public Health Services within the Department of Health and Human Services truly guards the health of the public in a wide variety of ways—from tracking down complaints about rats to investigating cases of meningitis, tuberculosis, and other communicable diseases. In cooperation with the Commission on Health, a group of knowledgeable residents appointed by the County Executive to advise him on health matters, the Division has also undertaken a comprehensive look at the health of the county and has begun to implement policies to make improvements, consistent with the federal Healthy People 2010 goals and activities. Working with our many public and private partners, we shall continue to advocate for and assure the highest level of services to promote health and prevent illness.



*Lynn L. Frank
Chief, Public Health Services*

I. Assessing the Community's Health

National health goals and objectives for the next decade are described in the document *Healthy People 2010*, issued last year by the United States Department of Health and Human Services—an update of goals previously issued for 1990 and 2000. Two overarching goals are to

- ≈ Increase quality and years of life
- ≈ Eliminate health disparities

Montgomery County has undertaken a population-based planning process to address these goals, rather than continuing a traditional but less effective approach which focuses on regulation of health care facilities development. The population-based approach requires analysis of local health data in order to identify the most urgent health issues and needs. Many issues might best be addressed through environmental measures or preventive programs, rather than by building new health care facilities. Other issues, such as access to care, may involve a combination of increasing health care resources in areas of greatest need and developing some form of health care coverage for the growing number of people who lack health insurance.

The Montgomery County Commission on Health's Health Planning Committee has developed a draft plan which will be circulated for public input before being finalized. The preliminary goals selected by the committee fall into three general categories:

- 1 Maintain/promote a safe environment:
 - ≈ Clean outdoor air
 - ≈ Clean indoor air
 - ≈ Clean water
 - ≈ Sound solid and hazardous waste management
 - ≈ Control of emerging infectious diseases
- 2 Assure access to health care services
 - ≈ Geographic access
 - ≈ Cultural access
 - ≈ Financial access
- 3 Prevent and adequately treat common medical problems and eliminate disparities in health outcomes
 - ≈ Asthma
 - ≈ Cardiovascular disease (heart attack and stroke)
 - ≈ Colorectal cancer
 - ≈ Diabetes
 - ≈ HIV/AIDS
 - ≈ Infant deaths



II. Assuring a Safe and Healthful Community



While addressing future needs through sound health planning, Montgomery County is engaged in a spectrum of current activities designed to assure the health and safety of county residents.

Air Quality Improvement

Montgomery County is implementing a multifaceted attack on environmental pollution. Outdoor air quality is regularly monitored, and when ozone levels are substantially elevated, free county bus service is provided to the public to reduce the use of private vehicles. Clean energy is produced locally at the Dickerson Resource Recovery Center. County building staff have implemented smart energy use policies, as well as policies to minimize pesticide use. The county's Department of Environmental Protection is developing new indoor air regulations for



certain commercial buildings, and Montgomery County Public Schools are systematically cleaning and upgrading all of their air handling systems. The county has joined the Cities for Climate Protection coalition, which seeks to maximize environmentally sound public policy.



Reduction in Pedestrian and Vehicular Injuries and Deaths

With the population growth over the last 20 years has come increasingly dangerous conditions for pedestrians, cyclists, and motor vehicle occupants. Solutions have not yet been reached, but we know that they must include more effective restrictions on drunk driving, reduction in red-light running and other aggressive driving practices, better road engineering for improved flow of pedestrian and vehicular traffic, and increased public awareness of safe traffic practices (including proper installation of child safety seats). The County Executive's *Blue Ribbon Panel on Pedestrian and Traffic Safety* will issue a report with recommendations in December 2001.



Inspections of Facilities Serving the Public

Restaurants, swimming pools, nursing homes, and day care centers all benefit from routine inspections by county staff, as education is a key component of the inspection process. While every effort is made to make inspection a nonadversarial procedure, the county does not flinch from closing or severely limiting facilities whose practices may endanger the public.

Communicable Disease Control

Immunization, disease surveillance, outbreak investigation, and medical treatment are among the ways the county's staff protects the public from the preventable spread of infectious diseases. Immunization is important, not only for young children but for all ages: adults need tetanus boosters every 10 years, and for older adults, one dose of pneumococcal vaccine and annual doses of influenza vaccine are advisable. County staff are joined by many private partners to assure high immunization levels. Surveillance of trends in reportable diseases allows communicable disease personnel to identify increases in disease incidence and to initiate actions to limit further spread. Outbreak investigation includes detailed interviews of people exposed to an infectious agent such as *E. coli* or a hepatitis virus, and identification and control of the source of the infection. Surveillance and outbreak investigation are key components of a regionwide system to identify possible



incidents of bioterrorism, a concern for an area with a large population and many government installations. Treatment of diseases of public health significance, including tuberculosis, HIV/AIDS, and many sexually transmitted diseases, is provided at the county's Dennis Avenue facility by specialists in preventing and controlling these diseases.



Prevention Programs

Infant mortality, especially the striking disparity between the county's very good rate for Caucasians (4 to 6 per 1,000 live births) and very poor rate for African Americans (16 to 17), is addressed through a variety of programs which are working together to improve child survival. These efforts include Healthy Start, which assigns a nurse case manager to mentor each pregnant uninsured or Medicaid woman throughout her pregnancy and the first few months or years of motherhood, as needed; Baby Steps, in which a nurse interviews each new mother (regardless of income) while in the hospital, to identify maternal concerns, infant risk factors, and family needs, and to assist in acquiring any needed resources to assure the infant's health and safety; Fetal and Infant Mortality Review and Child Fatality Review, which provide multi-agency review of deaths, with identification of contributing factors and recommendations for their remediation; the Collaboration Council's Community Action Board, which reviews summary fetal and infant death data and may initiate corrective action, if needed, by county agencies; and the African American Infant Mortality Coalition, which focuses on the deaths of African American infants and develops community-based strategies to reduce them. These efforts are supplemented by the pregnancy prevention, prenatal education, and teen parenting programs of *Florence Crittenton Services*, and by the intensive mentoring of high-risk mothers provided by the *Family Service Agency's* Healthy Families Montgomery program, and by the Early Head Start programs of the *Family Services Agency* and the *Lourie Center*. The county also promotes community and professional education to reduce Sudden Infant Death Syndrome, Shaken Baby Syndrome, and other recognized hazards to infants.

Tobacco Use Prevention and Cessation programs have been substantially expanded, using new resources provided by the Cigarette Restitution Fund, as a result of successful state litigation against the tobacco industry. Policies for application of this funding have been guided both by state requirements and by the valuable deliberations of a large and diverse number of individuals and agencies from the community who make up the county's Tobacco Coalition. Community



programs include those targeted to women of reproductive age, before and during pregnancy, and to the multiple racial and ethnic groups which comprise Montgomery County. Central to the effort to reduce tobacco use is public advocacy to reduce tobacco sales, use, and public acceptability, spearheaded by the *Montgomery County Community Partnership*. Youth programs include those aimed at pre-schoolers, school-aged children, both within and beyond the school setting, and college-age youth. Some are led by students themselves, such as *SOS: Students Oppose Smoking*. Cessation programs assure



access to services that help smokers quit, especially for residents who may not speak English or who may be unable to afford commercial nicotine substitutes. Enforcement programs assure adherence to laws governing both the sale and use of tobacco products: youth access receives particular emphasis. These efforts should result in a lower rate

of tobacco use initiation and continuation, with a resulting reduction in cardiovascular disease and a number of cancers.



Alcohol and Drug Use Prevention have long been priorities for county programs, including Drawing the Line Against Underage Alcohol Use. The efforts of this program have essentially eliminated prom-associated traffic deaths and have increased effective prosecution of those providing alcohol to minors. The Prevention Center in Rockville, run by the *Montgomery County Community Partnership*, provides a large range of educational print and audiovisual materials on tobacco, alcohol, and drugs, both for adults and for children. The county and the *Community Partnership* advocate for and promote community assets which discourage substance abuse, such as recreational and occupational opportunities for youth and access to appropriate adult mentors.



Family Protection efforts include the programs to reduce infant and child mortality described above, and activities to recognize and reduce the neglect, physical abuse and sexual abuse of children. Child Protective Services investigate complaints, often turning for assistance to *Shady Grove Adventist Hospital's Sexual Abuse and Assault Center* for medical evaluation and forensic support. This year or next, the county plans to open a Child Assessment Center to evaluate children for possible physical or sexual abuse or neglect, when the findings are not severe enough to require a hospital-based exam.



This will be adjacent to the newly opened Juvenile Assessment Center, which provides comprehensive behavioral evaluations of children in the juvenile justice system.

III. Assuring Access to Care for All County Residents

State Access Programs

Expansion of state health care coverage programs are vigorously promoted by county staff. Starting July 1, 2001 M-CHIP, the Maryland Children's Health Insurance Program, will offer coverage for children in families with incomes up to 300% of the federal poverty level, for those willing to pay a modest monthly premium. This coverage will be coordinated with employer-based insurance, when available. County staff also work with state legislators to expand pharmacy benefits and improve coverage for low-income adults.

Local Access Programs

Local access programs receive continued support. School-based health centers have been established in two low-income areas of the county, and several others are planned. These centers offer primary care and preventive health services to students and their families and link them to a range of social services through the Department's Linkages to Learning program. The *Primary Care Coalition*, a consortium of private providers to the low-income community, receives support to manage a variety



of efforts to meet local health care access needs: Care for Kids meets the needs of children ineligible for state programs and serves to tide children over when delayed paperwork for state programs creates gaps in coverage; Rewarding Work is a Coalition project to assist employed adults who are unable to afford or lack access to employer-based insurance coverage; and in Project Access, private physicians, including many specialists, provide care at very low cost to needy residents. The Coalition has also developed an infrastructure for the major nonprofit health care organizations serving low-income residents, providing information technology assistance, quality assurance reviews, and a mechanism for distributing private and public funding.





Programs to Eliminate Health Status Disparities

Montgomery AIR (Asthma Improvement Resources) Coalition has, since 1997, worked to reduce the toll of asthma on the health of county children, especially minority children, who experience much higher asthma hospitalization rates. Through training of school health personnel in optimal asthma management, encouragement of asthma management plans for all children with asthma, and instructional programs such as the American Lung Association's *Open Airways for Schools* curriculum in areas with high asthma incidence, the Coalition seeks to mitigate the effects of asthma, the most common chronic disease of childhood.

Founded in 1998, the African American Health Initiative has formed four coalitions to address some areas of significant health status disparity in the county:

- ~ The *Infant Mortality Coalition*, as mentioned in the section on prevention programs, is developing community strategies to reduce infant deaths. Several small grants have enabled it to study provider practices, offer provider education, and develop positive messages for young African American women.
- ~ The *HIV/AIDS Coalition* is working closely with the faith community to promote its prevention messages, in order to reverse the growing proportion of new HIV infections diagnosed in African Americans.
- ~ The *Diabetes Coalition* has received a substantial planning grant from the federal Centers for Disease Control and Prevention to work jointly with the county's *Latino Health Initiative* and with Prince Georges County to improve prevention, awareness, diagnosis, and management of diabetes in minority communities and to reduce the disease's serious complications, such as blindness, kidney failure, and amputations.
- ~ The *Oral Health Coalition* is an active participant in the county's cancer diagnosis and treatment efforts, funded by the state's Cigarette Restitution Fund. Through provider education and screening of high-risk patients, it hopes to identify and treat oral lesions early, before they have progressed to an incurable stage of malignancy.





The Latino Health Initiative, founded in 2000, is seeking to define the health care needs of the county's Latino population. Though significant disparities are known to exist, the health problems of the Central Americans who comprise most of the county's Latino community are far less well defined than those of African Americans or of Latinos from areas such as Mexico, Cuba, and Puerto Rico. Lack of language and cultural access is recognized as a major barrier to care, with lack of financial and geographic access also contributing to difficulties in obtaining timely health services, especially preventive. A study now underway should soon elucidate the particular needs of the county's Latino population. Already under development is a major campaign to screen and treat the Latino community for colon cancer, as part of the county's *Cigarette Restitution Fund* program. This will require effective community education on the curability of cancer if detected early.



Cancer Prevention, Education, Screening and Treatment

Spring 2000 state legislation directed use of substantial *Cigarette Restitution Fund* resources for a 10-year program to screen uninsured, low-income residents for selected cancers and to pay for treatment of all cancers found. Montgomery County's vigorous Cancer Coalition, comprised of individuals and representatives from hospitals, minority organizations, and community agencies, accepted the state's recommendation to focus local efforts primarily on colorectal cancer. In addition, however, they agreed to a request from the Women's Cancer Control Program to fund expanded capacity for breast and cervical cancer screening and a request from the African American Oral Health Coalition to support outreach for screening and treatment of oral cancers in high-risk minority residents. All of the county hospitals have taken an active role in assuring access to education, outreach, screening and treatment services for all county residents. Most of the initial screening for uninsured residents is being provided through the Primary Care Coalition and its provider members. The Coalition is also providing case management to assure that all patients with suspicious or malignant findings will undergo full evaluation and treatment.

IV. Measuring Progress Toward the Vision

Progress is being documented using both health status measures and program measures designed by the Department of Health and Human Services to monitor its many activities.

2010 Objectives for Montgomery County

Healthy People 2010 is the federal planning document which sets over 300 health goals for the next decade. The two overarching goals are to:

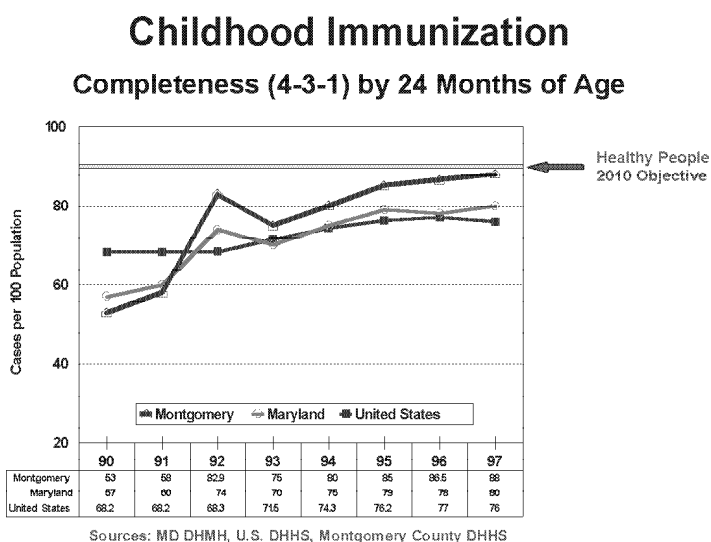
- ~ Eliminate health disparities
- ~ Increase quality and years of healthy life.

Montgomery County measures itself against the federal goals where feasible. Some of our goals are different from and some more ambitious than those to be achieved nationwide. The graphs below show county and/or national goals for a number of important measures of health. Health goals which also serve as program measures are indicated with an asterisk (*) and are not repeated in the Program Measures section.

Assuring a Safe and Healthy Community

Immunization of 2 year-olds*

Protecting children from previously common viral and bacterial diseases has substantially reduced child death and disability. Nearly 90% of children receiving immunizations through county programs have completed the recommended series by their second birthday.

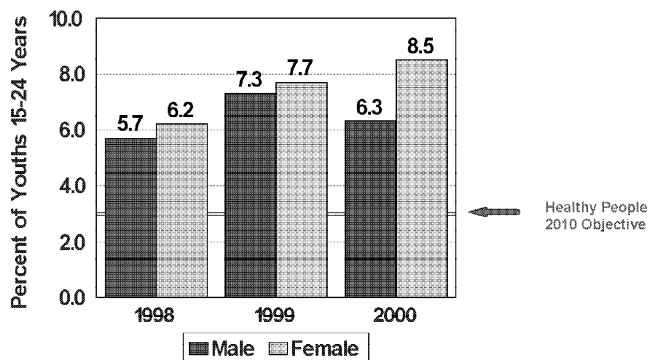




Chlamydia*

Chlamydia Rates in 15-24 Year Olds

Montgomery County, 1998 and 1999



Source: Montgomery County DHHS STD Clinic

Chlamydia is the most common sexually transmitted disease seen in this country and may occur without symptoms. It is most often seen in 15-24 year olds and can lead to infertility. It can be treated if diagnosed. The increasing rates measured in county youth are due to the vigorous outreach to and screening of teens, as we work to lower the overall infection rate.

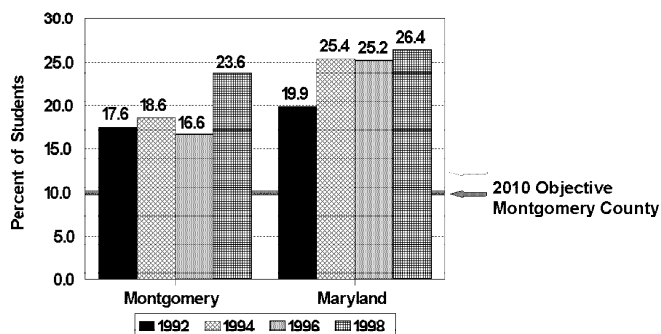
10th grade binge drinking

The use of alcohol by minors has many potentially serious consequences. Data were not collected by the state in 2000 but will be collected later this year. The county has taken a strong position against underage alcohol use, both through community education and enforcement.

Binge Drinking in Last 30 days

10th Graders

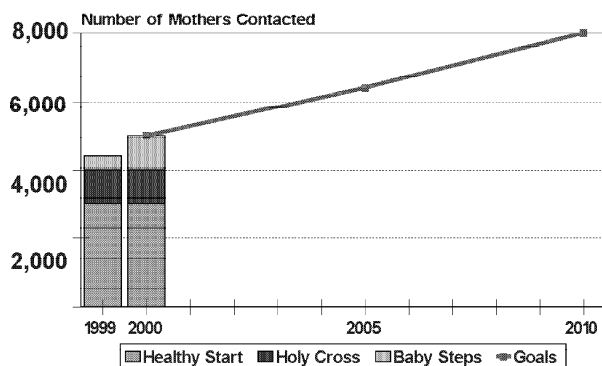
Montgomery County and Maryland



Source: MD State Department of Education Adolescent Surveys

Baby Steps interviews*

Goals for Baby Steps Program



Source: Montgomery County Baby Steps Program
The goal of 8,000 represents 100% of all babies born in Montgomery County hospitals to Montgomery County residents.

In an effort to promote infant and child well-being and to reduce illness, death, and abuse in children, Montgomery County initiated the "Baby Steps" program in 2000. Every county mother delivering in a local hospital is interviewed by a nurse and is offered referral or other assistance to deal with any identified problems. Our intent is to reach at least 80% of county mothers by 2005 and 100% by 2010.

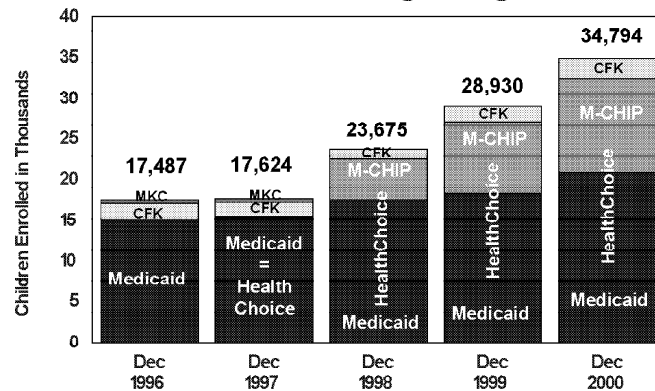


Assuring Access to Care for All County Residents

Low-income children enrolled for health care

Montgomery County is committed to assuring a medical home for every child. Through vigorous outreach efforts, enrollment of low-income county children has doubled in the past five years. We anticipate that a substantial portion of children in need have now been reached. Our 2010 goal is to exceed an enrollment of 40,000 children.

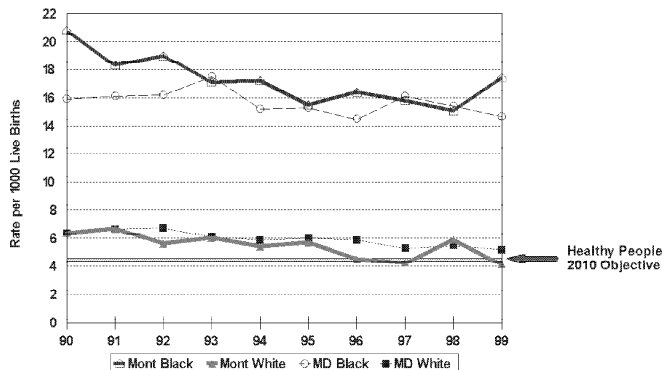
Low-Income Children Enrolled in Health Care Coverage Programs



MKC = Maryland Kids Count - Phased out when M-CHIP began
M-CHIP = Maryland Children's Health Insurance Program
CFK = Care for Kids

African American infant mortality*

Race Specific Infant Mortality



Source: MD Vital Statistics Annual Reports
National Vital Statistics System

While Caucasian infant mortality levels have already reached the national 2010 goal, African American infant mortality in the county remains four-fold higher. Intensive efforts are underway to understand and eliminate this unacceptable disparity, through the African American Infant Mortality Coalition and the Fetal and Infant Mortality Review Board.

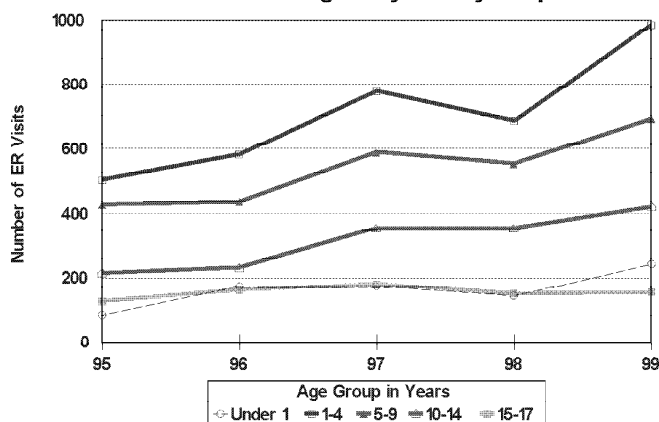


Asthma*

The incidence of asthma is rising both locally and nationally, and minority children are disproportionately affected. Efforts to address this rise and the disparity include improvement of both indoor and outdoor air quality and assurance of access to effective asthma management. Montgomery AIR (Asthma Improvement Resources) has initiated a number of activities to improve asthma control.

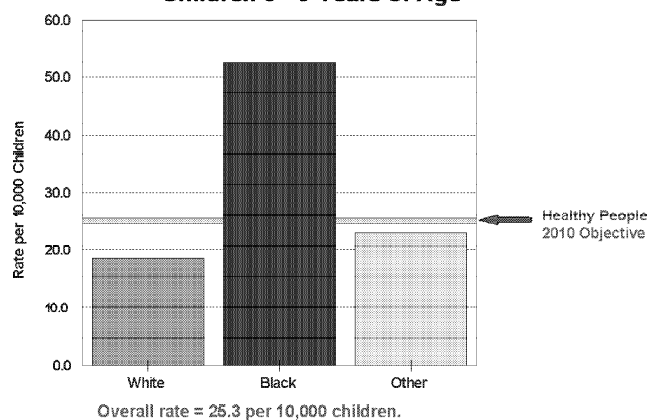
Childhood Asthma

ER Admissions in Montgomery County Hospitals



Asthma Hospitalization Rate by Race in Montgomery County, 1999

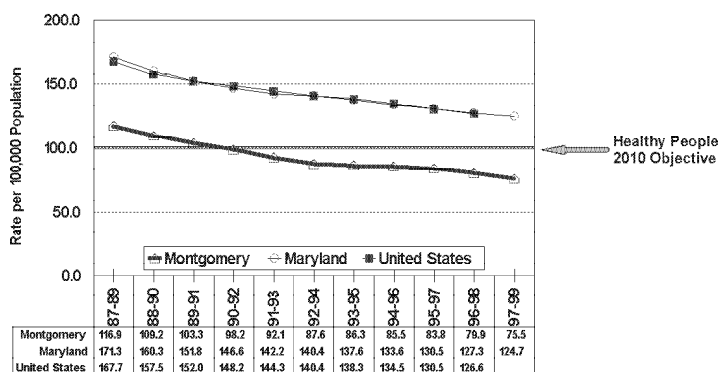
Children 0 - 9 Years of Age



Heart disease death rates

Diseases of the Heart

Three-Year Average Age-Adjusted Death Rates



Source: MD Vital Statistics Annual Report
National Vital Statistics System
Adjusted to the 1940 population by the direct method.

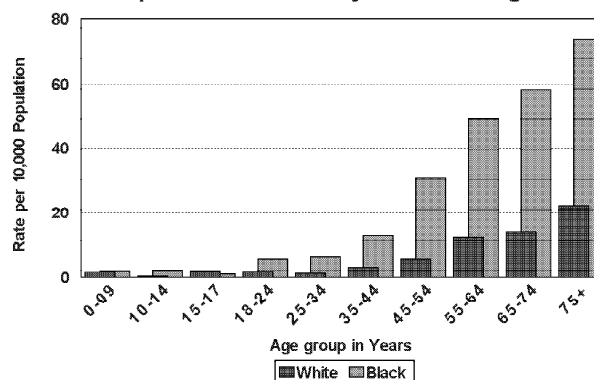
Numerous factors, including affluence, a relatively low rate of adult smoking, a relatively low rate of obesity, participation in physical activity, and access to excellent medical care has provided the county with a cardiac death rate well below state and national averages and below the national 2010 goal. Public health activities include a 5-A-Day nutrition program for elementary schools and an emphasis on the benefits of physical activity.



Diabetes

While Montgomery County compares well with other jurisdictions in its incidence of diabetes, a marked racial disparity exists in its effects. A grant from the Centers for Disease Control and Prevention (CDC) has been awarded jointly to Prince Georges County and Montgomery County's African American Diabetes Coalition to eliminate this disparity by 2010.

Diabetes in Montgomery County Hospitalization Rate by Race and Age

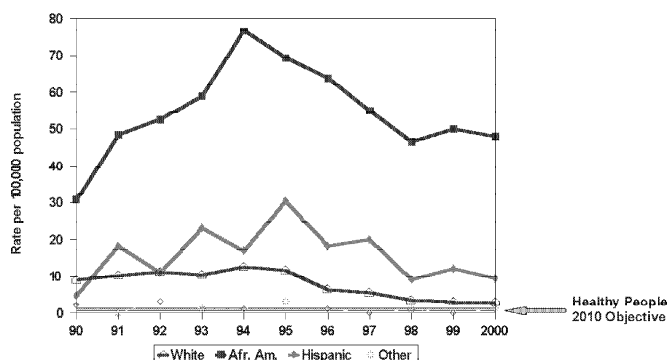


N=598, Source: 1999 Maryland Hospital Discharge Data

AIDS incidence*

AIDS Incidence in Montgomery County

Race/Ethnicity by Year of Diagnosis



Reported through March 31, 2001

Year 2000 data may be incomplete due to reporting delays.

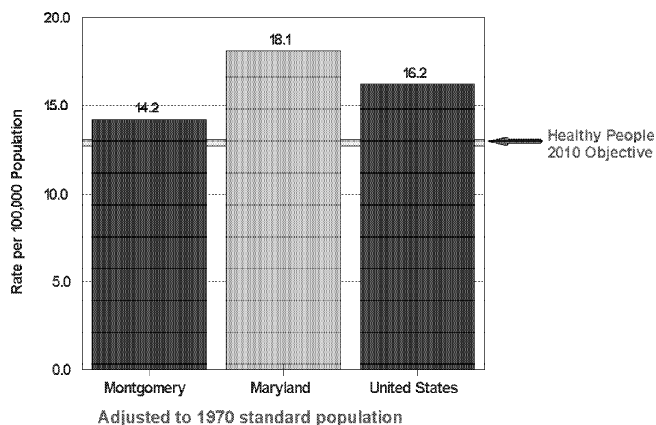
Although the overall case rates are declining, new AIDS cases among African Americans, women, and injecting drug users remain high. The African American HIV/AIDS Coalition is leading efforts to improve community understanding of HIV infection and its prevention.

Colorectal cancer

Colorectal cancer is the fourth highest cause of cancer death in Montgomery County, after lung, breast, and prostate. It is preventable if its precursors, colorectal polyps, are found and removed, and it is curable if found early. The Montgomery County Cancer Coalition, with resources from the state's Cigarette Restitution Fund, will oversee a 10-year program of education and outreach, with payment for screening and treatment of low-income, uninsured county residents.

Colorectal Cancer Mortality

Age-Adjusted Death Rates, 1998



Adjusted to 1970 standard population

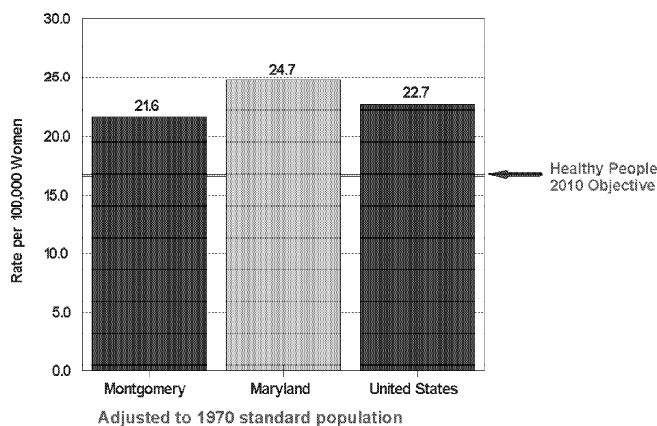


Breast cancer

Because of access to screening, Montgomery County has a high rate of early breast cancer identification and a relatively low rate of breast cancer mortality. Through federal and state funding, the Women's Cancer Control Program serves low-income, uninsured county women, providing both screening and treatment.

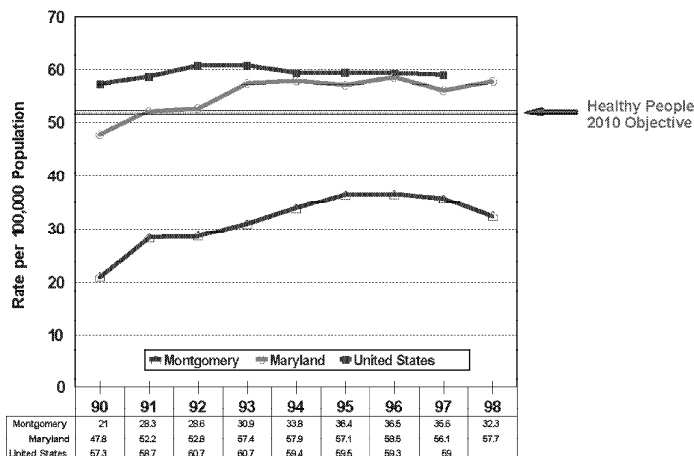
Breast Cancer Mortality

Age-Adjusted Death Rates, 1998



Lung cancer

Lung Cancer Deaths



The incidence of lung cancer deaths rose in Montgomery County during the last decade but appears to have leveled off and is still well below state and national averages and the national 2010 objective. Prevention through tobacco use reduction is far more effective than treatment. The Cigarette Restitution Fund is supporting a range of programs for tobacco use prevention and cessation.



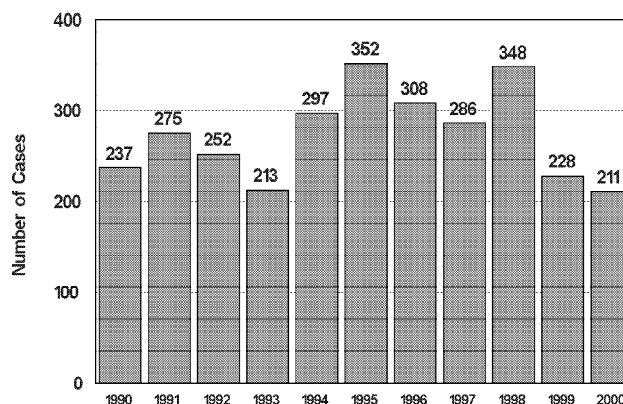
Program Measures for Public Health

Like all of county government, the Department of Health and Human Services sets and monitors objective measures for each of its programs. Several of those for Public Health Services are shown on the preceding pages with asterisks (*). Others are listed below. Some programs have not yet identified useful measures. For example, nursing home inspections are conducted both routinely and in response to complaints, to assure that residents are safe and well cared for. Homes with significant deficiencies may lose both Medicare and Medicaid reimbursement. Program measures for this function are under development.

Foodborne illness

Foodborne illness is investigated in order to identify its source and to stop further spread. Assuring sound food handling practices in restaurants helps to limit such illnesses, but many may be acquired at private functions or outside the county. The incidence of recent outbreaks is shown.

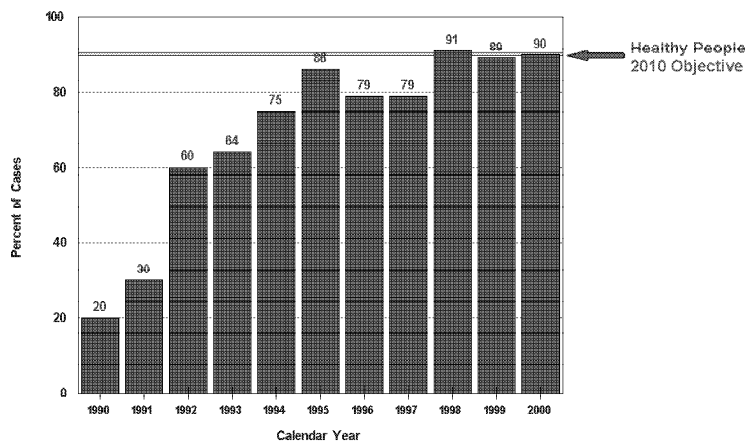
Common Foodborne Diseases



Source: Montgomery County DHHS

Tuberculosis control

Tuberculosis Directly Observed Therapy



Source: Montgomery County DHHS

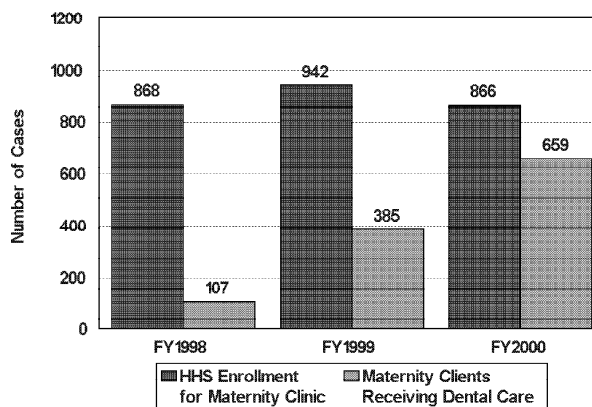
Tuberculosis control is attained by assuring that those infected take a full course of treatment. This is accomplished through *directly observed therapy* (DOT), in which a county TB employee oversees each dose, either in the TB clinic, or at the patient's home or workplace. Montgomery County attains a high level of DOT. Most cases of TB in Montgomery County are in residents born elsewhere.



Dental services

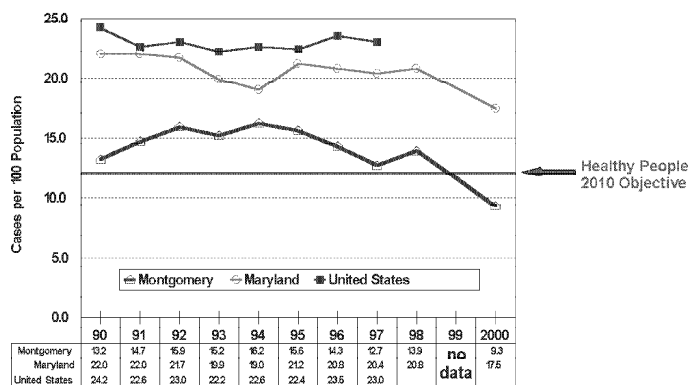
Dental services provided by the county are primarily preventive in nature, rather than restorative. Particularly important is the provision of services to maternity clients. Poor oral health can contribute to poor pregnancy outcomes, and education on children's oral health can be provided to the pregnant patients while they are receiving oral health care.

Dental Care for Maternity Clients



Source: Montgomery County DHHS

Smoking rates

Adult Smoking
Current Smokers

Sources: BRFSS through 1998, DHMH data for 2000.
MD DHMH Community and Public Health Administration

Smoking rates were found on a recent state survey to be lower here than in any other county. The Tobacco Use Prevention and Cessation Coalition will oversee a 10-year program of activities for tobacco use reduction, with support from the state's Cigarette Restitution Fund.

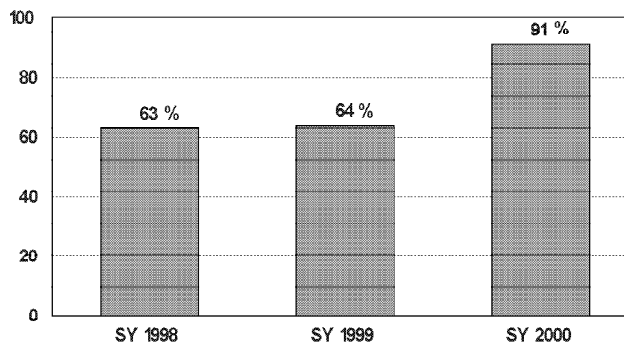


High school graduation rates

High school graduation rates are an important measure of potential future success for girls who become pregnant while in their teens. School Health Services staff closely monitor and vigorously mentor teen pregnancies to encourage optimal educational and health outcomes.

SHS Teen Pregnancy Outcome

Percent of case-managed students who completed current school year, graduate, or get GED

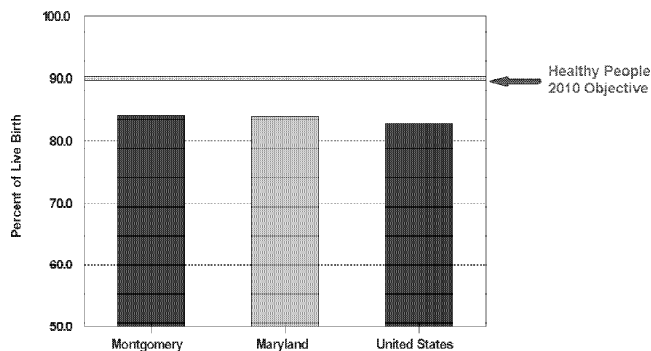


Source: Montgomery County School Health Services

Trimester of enrollment for care

Prenatal Care

Percent Beginning Care in 1st Trimester



Sources: Montgomery County DHHS, SEU (2000)
MD Vital Statistics (1998), National Vital Statistics System (1998)

Trimester of enrollment for care is an essential component of successful pregnancies. First trimester enrollment is the county's goal, addressed through outreach and through an accelerated process for prenatal care enrollment.

A number of other performance measures are being developed, to assure accountability to managers and the public for all county programs.

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Maryland Department of Health and Mental Hygiene Center for Immunization

Recommended Childhood Immunization Schedule - 2001

Vaccine ▼	Age ►	Birth	2 mo	4 mo	6 mo	12 mo	15 mo	2 yrs	4-6 yrs	11-12 yrs	14-18 yrs
Hepatitis B		Hep B ¹	Hep B	DTaP	Hep B DTaP		DTaP ⁴			Hep B ²	
Diphtheria, Tetanus, Pertussis			DTaP ³	DTaP	DTaP				DTaP ⁵	Td ⁶	
Haemophilus influenza type b			Hib	Hib	Hib ⁷		Hib ⁸				
Polio		IPV ⁹	IPV ⁹	IPV ⁹					IPV ⁹		
Measles, Mumps, Rubella						MMR ¹⁰			MMR ¹⁰	MMR ¹⁰	
Varicella						Var ¹¹				Var ¹¹	
Pneumococcal Conjugate		PCV7 ¹²	PCV7 ¹²	PCV7 ¹²	PCV7 ¹²						
Vaccines below line are for selected populations											
Hepatitis A¹³											
Influenza¹⁴											

Hepatitis A¹³

Influenza¹⁴

Recommended for Baltimore City Residents

Seasonal Use for High-Risk Children

1. Single-antigen hepatitis B vaccines that do not contain thimerosal as a preservative should be used to vaccinate all newborn infants. Routine hepatitis B vaccination policies for all newborn infants should be reintroduced immediately in hospitals in which these policies and practices have been discontinued. All hospitals should ensure that newborn infants of hepatitis B surface antigen (HBsAg) positive mothers and of mothers whose HBsAg status is unknown receive their first dose of hepatitis B vaccine within 12 hours of birth. If hepatitis B vaccine that does not contain thimerosal as a preservative is not available, then thimerosal preservative-containing vaccine should be used for these infants.
2. Hep B - Hepatitis B vaccine. Children who have not previously received 3 doses of hepatitis B vaccine should initiate or complete the series during the "5th grade year." The 2nd dose should be administered at least 1 month after the 1st dose, and the 3rd dose should be administered at least 4 months after the 1st dose and at least 2 months after the 2nd dose. Previously unvaccinated adolescents aged 11-15 years may receive the two-dose schedule (using the adult dosage), with the 2nd dose being administered 4-6 months after the first. (Only Merck's Recombivax HB is approved for this 2-dose schedule).
3. DTap - Diphtheria and tetanus toxoids combined with acellular pertussis vaccine for children less than seven (7) years of age. Use DT pediatric vaccine when pertussis vaccine is contraindicated.
4. The 4th dose of DTap can be given as early as 12 months of age if given at least 6 months after the 3rd dose of DTap.
5. If the 4th DTap is administered after the 4th birthday, a 5th DTap is not necessary.
6. Td - Tetanus and diphtheria toxoids for persons 7 years of age and older.
7. Six month dose of Hib may not be needed depending on the brand of Hib conjugate vaccine; check manufacturer's instructions. Four doses may not be needed if series begun late in infancy; one dose at 15 months of age precludes the need for more doses.
8. Hib - Haemophilus influenzae type b conjugate vaccine is recommended for children only up to age 5. DTap/Hib, Hib/Hep B combined vaccines are available.
9. IPV is now recommended to be given at 2, 4, 6 months and 4-6 years. IPV refers to enhanced inactivated polio vaccine. OPV is no longer recommended except in special circumstances. An all IPV schedule meets the minimum vaccine requirements for children enrolled in pre-school programs and in schools.
10. MR vaccine should be administered on/after (not before) the first birthday. The second dose of MR is routinely recommended at 4-6 years of age (school entry). It may be administered at any visit ³ 12 months of age, provided at least 1 month has elapsed since receipt of the 1st dose.
11. Varicella zoster virus (chickenpox) vaccine should be administered on/after (not before) the first birthday. Older unvaccinated children who lack a reliable history of chickenpox disease or prior varicella vaccination should be vaccinated at the 11-12 year old visit. Susceptible persons ³ 13 years of age should receive two (2) doses, 4-8 weeks apart.
12. If 1st dose of pneumococcal conjugate vaccine is given at 2-6 months of age, give 4 doses; dosing interval for the first three doses is 4-8 weeks, with the fourth dose given at least 2 months after third. If 1st dose is given at 7-11 months of age, give 3 doses: first two at least 4 weeks apart and the 3rd dose at least 2 months after the 2nd. If 1st dose of given at 12-23 months of age, give 2 doses at least 2 months apart. If 1st dose of PCV7 is administered 24-59 months of age, give only 1 dose in healthy children. High-risk children 24-59 months of age should receive 2 doses, 2 months apart and pneumococcal polysaccharide vaccine (PPV23). See ACIP recommendations for schedule of use of PCV for children with a lapse in immunization and for definitions of high-risk.
13. ACIP recommends routine hepatitis A vaccination of children living in Baltimore City due to the City's elevated incidence rate of hepatitis A disease. Two doses should be administered, on or after (not before) the 2nd birthday, with the second dose given 6-12 months after the first.
14. Administer influenza vaccine annually to children \geq 6 mos of age who are at increased risk of disease, as defined by ACIP recommendations.

PUBLIC AND COMMUNITY HEALTH SERVICES

Montgomery County Department of Health and Human Services

General Information

(240) 777-1245

Birth and Death Records:

2000 Dennis Avenue, Silver Spring (240) 777-1755

Copies of death certificates are available for 30 days after registration of death. "Statement of Age" (verification of birth date) cards are provided to persons born in Montgomery County only. Births and deaths are verified for government agencies.

Children's Health Services:

Services are available by referral through the Service Eligibility Units in the Montgomery County Community Health Centers:

GERMANTOWN

12900 Middlebrook Road (240) 777-3591

ROCKVILLE

1335 Piccard Drive (240) 777-3120

SILVER SPRING

8630 Fenton Street (240) 777-3066

HealthChoice:

This state-federal program provides comprehensive health care coverage in managed care organizations for children under age 19 and pregnant women who meet income eligibility criteria.

Care for Kids:

Children under 18 years of age and under 250% of the federal poverty level who are ineligible for HealthChoice may be referred for very low cost primary care by community pediatricians and organizations.

Children's Medical Specialty Services:

Income-eligible children up to 21 years of age requiring specialty consultation and treatment (including major surgery) may be referred to specialists in the community for free or low-cost care.

Communicable Disease and Epidemiology:

2000 Dennis Avenue, Silver Spring (240) 777-1755

Programs and services are provided to prevent and control the spread of communicable diseases, including rabies vaccine, information on international travel, consultation to clients and private physicians, and treatment of specific diseases.

Services include:

Childhood lead poisoning prevention	(240) 777-1828
Disease control services (outbreaks)	(240) 777-1755
HIV/AIDS Health Services	(240) 777-1869 (240) 777-1598 (TTY)
HIV/AIDS Dental Services	(240) 777-1737
Immunizations	(240) 777-1050
Refugee/Migrant Health Services	(240) 777-1800
Sexually Transmitted Diseases	(240) 777-1760
Tuberculosis Control Services	(240) 777-1800

Community Health Centers:

Immunizations, pregnancy tests, preventive dental services, public health nurse case management, and eligibility screening for public and private health care programs are provided.

GERMANTOWN

12900 Middlebrook Road (240) 777-3380

ROCKVILLE

1335 Piccard Drive (240) 777-3987

SILVER SPRING

8630 Fenton Street (240) 777-3160

Community Health Care Services:

A number of private organizations offer medical care for low-income county residents, some directly and some by referral through the Service Eligibility Units. Appointments are required. Programs currently offering primary care include:

Community Clinic, Inc.

GAITHERSBURG (301) 216-0880

HYATTSVILLE (301) 431-2972 (children only)

SILVER SPRING (301) 585-1250

Adults and children may receive sick care and preventive services on a sliding fee scale based on income by appointment at three sites. HealthChoice, Medicare and other insurance accepted.

Mercy Medical Clinic

GERMANTOWN (301) 916-4499

Medical care by appointment for low-income, uninsured adults.

Mobile Medical Care, Inc. (301) 493-2400

Uninsured adults and children may receive primary care and preventive health care services by appointment at six fixed sites and on a walk-in basis on Moby, a mobile clinic, at nine different sites throughout the county.

Project Access (301) 840-3228

Helps low-income, uninsured county residents get low-cost care from volunteer physicians. Patients pay a discounted fee when services are received. To obtain a referral, residents must first be screened by the County's Service Eligibility Unit.

Proyecto Salud

WHEATON (240) 777-1621

Low-income, uninsured county residents who speak little English can obtain low-cost medical care.

Crisis Center:

1301 Piccard Drive, Rockville (240) 777-4000.

Open 24 hours a day, the Montgomery County Crisis Center provides evaluation and triage for persons in crisis due to mental illness, domestic violence, homelessness, or other problems. It also accepts after-hours calls for the Department of Health and Human Services for issues such as animal bites or disease outbreaks and refers such calls to a covering physician.

Dental Services:

Public dental services: (240) 777-1875

Dental care is provided for children in Head Start and Care for Kids and to maternity patients enrolled in the County's Community Health Centers. Limited emergency dental services are available to income-eligible adults, with additional preventive and educational services for seniors, at the Piccard Drive Health Center. A dental clinic for HIV patients is at the Dennis Avenue Health Center.

Volunteer Dental Clinic: (301) 384-9795 (by agency referral)

Low-income adults between 19 and 59 years of age may obtain low-cost dental services by appointment at the Collesville Health Center, 14015 New Hampshire Avenue.

Family Planning:

Low-income women and teens may be referred by the Service Eligibility Units to Planned Parenthood clinics for reduced-cost services.

Health Promotion and Substance Abuse Prevention:

8630 Fenton Street, Silver Spring (240) 777-1710

Community outreach, information, education and technical assistance, utilizing coalition building and collaboration with community partners. Program areas include alcohol, tobacco, and other drug abuse prevention; HIV prevention; injury prevention; traffic safety; 5-a-day nutrition education; and smoking cessation. Health information is available directly from the Department, the Health Information Center at the Wheaton Regional Library (301) 929-5520, and from the Prevention Center (301) 929-8550.

Immunizations:

2000 Dennis Avenue, Silver Spring (240) 777-1050, (240) 777-1598 (TTY)

24-hour bilingual immunization information hot line:

(240) 777-1520

Immunizations are available at several locations for eligible children. Flu shots are available in season for adults. Staff are available for community outreach activities and to provide information on children and adult vaccines.

Licensure and Regulatory Services:

255 Hungerford Drive, Rockville (240) 777-3986

Enforces state and county laws related to food service facilities, nursing homes, group homes, private educational institutions, rat control, and miscellaneous business licenses.

Maternity Services:

Low-income women may be referred by the Service Eligibility Units either to HealthChoice or to clinics staffed by Holy Cross Hospital for complete prenatal care and delivery. Women and their infants may receive nurse case management services throughout pregnancy and the child's first two years, for help in obtaining needed medical and psychosocial services.

Mental Health Services: (240) 777-1400

Available to children, adolescents, and adults through referral to a variety of County and private programs.

Montgomery Babies: (240) 777-1070

A cluster of services to promote healthy infancy; available on referral by the Service Eligibility Units or through *Baby Steps*, a voluntary interview/assessment for new parents provided by a nurse prior to hospital discharge.

Montgomery County Community Partnership:

4915 Aspen Hill Road, Rockville (301) 929-8550

The partnership is a network of individuals, groups and organizations in Montgomery County who have joined together to reduce the problems related to tobacco, alcohol and other drugs.

Prevention Center:

4915 Aspen Hill Road, Rockville (301) 929-8550

This information resource center on alcohol, tobacco, drugs and related issues has a collection of more than 600 videotapes, 600 books, foundation directories, informational brochures, handouts, curricula, posters and more.

Primary Care Coalition: (301) 990-8885

This coalition of county providers addresses the health care needs of low-income county residents. It administers Project Access, Care for Kids, and the Community Pharmacy Program and seeks innovative approaches to assuring access to care.

School Health Services: (240) 777-1550

Services provided by nurses and health technicians in all county schools include emergency care; crisis intervention; referral for medical, psychological and behavioral conditions; health counseling and education; case management; and screening for hearing, vision and scoliosis. Expanded services include two school-based health centers in high-need communities and a growing number of school-based "Linkages to Learning" programs, which connect students and their families to a range of mental health and social services. The health components of Head Start and screening for children who have recently immigrated are also provided.

Service Eligibility Units:

Eligibility screening for all County health programs and many private community programs:

GERMANTOWN

12900 Middlebrook Road (240) 777-3591

ROCKVILLE

1335 Piccard Drive (240) 777-3120

SILVER SPRING

8630 Fenton Street (240) 777-3066

Substance Abuse Services:

Adults:

Addiction Services Coordination (240) 777-1332

Children and adolescents:

**Substance Abuse Screening for Children and Adolescents
(240) 777-1430.**

WIC Program:

1141 Georgia Ave., Ste. 116, Wheaton (301) 762-9426.

Nutrition education and supplemental food at no cost to eligible women, infants and children under five years of age.

Women's Cancer Control Program:

2424 Reedy Drive, Wheaton (240) 777-1750.

Low-income women without insurance who are 40 years old and over may receive free gynecologic exams, mammograms, and follow-up of abnormalities; women over 50 may receive Pap smears in addition.

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